

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015810

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

5510

Registrar's No.

143

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

FAIRVIEW Township

Length of stay in 1b

Inside Limits

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Deepwater Mo Route #2

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY OR TOWN

Deepwater

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

Route # 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

William

Middle

CARL

Last

Richert

4. DATE OF DEATH

Month

MAY

Day

6

Year

1963

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/19/12

9. AGE (last birthday)

50

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

Sharp County Ark

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ernest Richert

13b. MOTHER'S MAIDEN NAME

ARRA SCM RAL

14. NAME OF HUSBAND OR WIFE

Ruby Hicks Richert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Ruby Richert-Deepwater Mo R#2

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cowboy Accidents

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death on arrival and last saw her alive on P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. C. P. Townsend DO

22b. ADDRESS

Deepwater Mo

22c. DATE SIGNED

5-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MAY 9-1963

23c. NAME OF CEMETERY OR CREMATORY

Deepwater Mo

23d. LOCATION (City, town, or county)

Deepwater Mo

24. FUNERAL DIRECTOR

ADDRESS

ELSCHBERG-21457-Clinton Mo

25. DATE RECD. BY LOCAL REG.

5-9-1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0420

2 0420

3

4 0

5 1

6

7 1

8 0

9 420.1

10

11

12 90-2

13 1-0

MAY 22 1963

0450
1050

0 - 1 0

2-09

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. F. Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

5-9-63

(M.B.)